

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **10-031-1645**

	AS FILED		AFTER REVISIONS		AFTER REVISIONS		CLAS	CLASS			
	REL.	EXP.	REL.	EXP.	REL.	EXP.		REL.	EXP.	REL.	EXP.
1	1										
2		1									
3		12									
4		131									
5		10									
6		10									
7		10									
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50											
TOTAL REL.											
TOTAL EXP.	10										
TOTAL CLAS.											